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	abstrate for form 144507 10		Application Number	40/57/470		
ı	NFORMATION DISC	LOSURE	Filing Date	10/574679		
-	STATEMENT BY AP		First Named Inventor	HUPFIELD		
•	SIAILMENT DI AFI	FLIOAITI	Art Unit	1796		
(Use as many sheets as necessary)			Examiner Name	Robert Loewe		
Shee	1	of 1	Attorney Docket Number	MSP642 PCT1		

			U. S. PATENT		Barra Octorer Lines Miles
Examiner nitials*	Cite No.1	Document Number Number-Kind Code ^{2 (F known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials,*	Cite No.1	Foreign Patent Document Country Code* Number * Kind Code* (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	™
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